



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election



Name of Candidate Eric Powell
 Address 11 CR 173 Corinth, MS 38834
 Telephone 662-286-9953 Fax _____
 Contact Name _____ Email _____
 Office Sought Senate 04 Political Party Democrat

Check here if above is different from previous report

TYPE OF REPORT

- _____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- _____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- _____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- _____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- _____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 7,050. ⁰⁰ + \$ 1,700. ⁰⁰ = \$	8,750. ⁰⁰	\$ 8,750. ⁰⁰
Total amount of disbursements	\$ 0 + \$ 1,200. ⁰⁰ = \$	1,200. ⁰⁰	\$ 1,200. ⁰⁰
Total amount of cash on hand		\$ 8,954. ⁰⁰	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Eric Powell
Signature of Candidate

1-31-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Eric Powell
 Reporting period Jan - 2010 through Dec 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr & Mrs. Jerry D Stogner</u>	<u>11 / 16 / 10</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>P.O. Box 1683</u>	_ / _ / _	\$
City, State, Zip Code <u>McComb, MS. 39649</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Re D. & JI Napper</u>	_ / _ / _	\$ <u>500.⁰⁰</u>
Mailing Address <u>100 Covewood Lane</u>	_ / _ / _	\$
City, State, Zip Code <u>Corinth, MS 38834</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required) <u>Adm</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Independent RX</u>	_ / _ / _	\$ <u>500.⁰⁰</u>
Mailing Address <u>4209 Lakeland Dr. Suite 399</u>	_ / _ / _	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Andrewer Busch</u>	_ / _ / _	\$ <u>500.⁰⁰</u>
Mailing Address <u>1 Busch Place</u>	_ / _ / _	\$
City, State, Zip Code <u>St. Louis, MO. 63118</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.⁰⁰</u>

Name of Candidate or Committee Eric Powell

Reporting period Jan - 2010 through December 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>10/17/10</u>	\$ <u>500.00</u>
Mailing Address		<u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>10/13/10</u>	\$ <u>500.00</u>
Mailing Address		<u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1</u> <u>1</u>	\$ <u>500.00</u>
Mailing Address		<u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1</u> <u>1</u>	\$ <u>500.00</u>
Mailing Address		<u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Eric Powell
 Reporting period Jan - 2010 through Dec - 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Altria Client Service</u>	<u>11/30/10</u>	\$ <u>500.00</u>
Mailing Address	<u>333 N. Point Center E. Alpharetta</u>	___/___/___	\$
City, State, Zip Code	<u>Alpharetta Ga 30022</u>	___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Grant Fox</u>	___/___/___	\$ <u>500.00</u>
Mailing Address	<u>P.O. Box 310</u>	___/___/___	\$
City, State, Zip Code	<u>Brandon, MS 39043</u>	___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>EW PAC Mississippi</u>	___/___/___	\$ <u>500.00</u>
Mailing Address	<u>P.O. Box 1640</u>	___/___/___	\$
City, State, Zip Code	<u>Jackson, MS 39215-1640</u>	___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>WB Consolidated</u>	___/___/___	\$ <u>300.00</u>
Mailing Address	<u>770 Northwest St</u>	___/___/___	\$
City, State, Zip Code	<u>Jackson, MS. 39205</u>	___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>

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A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CFSA</u>	<u>10/15/10</u>	\$ <u>500.00</u>
Mailing Address _____	_ / _ / _	\$
City, State, Zip Code _____	_ / _ / _	\$
Name of Employer (Required) _____	_ / _ / _	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Greg Beard</u>	<u>1/2/10</u>	\$ <u>250.00</u>
Mailing Address _____	_ / _ / _	\$
City, State, Zip Code <u>101 west College St</u>	_ / _ / _	\$
<u>Boonville, MS 38829</u>	_ / _ / _	\$
Name of Employer (Required) _____	_ / _ / _	\$
Occupation (Required) <u>Atty.</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Phillip Whitehead</u>	<u>1/2/11</u>	\$ <u>250.00</u>
Mailing Address _____	_ / _ / _	\$
City, State, Zip Code _____	_ / _ / _	\$
<u>Tishomingo, ms 38873</u>	_ / _ / _	\$
Name of Employer (Required) _____	_ / _ / _	\$
Occupation (Required) <u>Atty</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	_ / _ / _	\$
Mailing Address _____	_ / _ / _	\$
City, State, Zip Code _____	_ / _ / _	\$
Name of Employer (Required) _____	_ / _ / _	\$
Occupation (Required) _____	Aggregate year-to-date	\$